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Substitute for form 1449A/PTO Complete if Known **Application Number** N/A INFORMATION DISCLOSURE Filing Date Herewith STATEMENT BY APPLICANT **First Named Inventor** ABOLFATHI, AMIR Group Art Unit Unassigned (use as many sheets as necessary) **Examiner Name** Unassigned Sheet of AT-000219 US Attorney Docket Number

		U.S. Patent Document	U.S. PATENT DOCUM			
Examiner Initials *	Cite No. ¹	Number Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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				Application Number	N/A	
INFC	DRMATION I	DIS	CLOSURE	Filing Date	Herewith	
STA	TEMENT BY		PPLICANT	First Named Inventor	ABOLFATHI, AMIR	
				Group Art Unit	Unassigned	
(use as many sheets as necessary)				Examiner Name	Unassigned	
Sheet	2	of	2	Attorney Docket Number	AT-000219 US	

U.S. PATENT DOCUMENTS								
	Cite No.1	U.S. Patent Document		Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
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